



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
FINANCIAL ASSISTANCE CENTER
CLEAN WATER STATE REVOLVING FUND APPLICATION

APPLICANT INFORMATION				THIS SPACE FOR OFFICE USE ONLY			
APPLICANT NAME				PRIORITY POINTS	PROJECT NUMBER		FY
ADDRESS				LOAN AND/OR GRANT AMOUNT REQUESTED (Note: Grant Amount cannot be increased later.)			
CITY		STATE	ZIP CODE	PROJECT LOCATION			
TYPE <input type="checkbox"/> Incorporated Municipality <input type="checkbox"/> Public Water/Sewer District <input type="checkbox"/> Other:				CITY		COUNTY	
				STATE REP. DISTRICT NUMBER(S)		STATE SENATE DISTRICT NUMBER(S)	
PROJECT MANAGER (LOCAL GOVERNMENT OFFICIAL)				CONSULTING ENGINEER			
NAME				NAME			
TITLE				FIRM			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
TELEPHONE NUMBER ()				TELEPHONE NUMBER ()			
PROJECT DESCRIPTION (PLEASE INCLUDE SITE MAPS IF AVAILABLE)							
LIST PERMIT NUMBER(S) OF WATER OR WASTEWATER FACILITIES AFFECTED BY THIS PROJECT (IF APPLICABLE) PLEASE NOTE IF THE FACILITY IS TO BE ELIMINATED BY THIS PROJECT.							
POPULATION OF PROJECT AREA				POPULATION OF POLITICAL SUBDIVISION			
ESTIMATED 20 YEAR PROJECT AREA POPULATION							
PROJECTED NEW CONNECTIONS AT PROJECT COMPLETION							
NON-PERMITTED FACILITIES TO BE ELIMINATED BY THIS PROJECT							
NAME		POPULATION SERVED			TYPE AND CONDITION OF FACILITY		

DESCRIPTION OF PROBLEM TO BE ADDRESSED BY PROJECT INCLUDING:

ESTIMATED VOLUME OF SEWAGE BYPASSED		
million gallons per day		
FREQUENCY OF BYPASS EVENTS		
per year		
DESCRIPTION OF KNOWN DOWNSTREAM WATER QUALITY PROBLEMS, HEALTH EFFECTS AND LAND USE CONCERNS		
DOWNSTREAM WATER BODY AFFECTED	LAKE	STREAM
NUMBER OR PERCENTAGE OF FAILED SEPTIC TANKS		
number % of total		
DESCRIPTION OF CONDITIONS RESULTING FROM FAILED SEPTIC TANKS		
OTHER INFORMATION REGARDING PROBLEMS ADDRESSED		

NOTE: A map showing facilities to be eliminated, location of bypassing, lift stations, relief sewers and boundaries of unsewered areas must be included.

ESTIMATED COST	ELIGIBLE	NON-ELIGIBLE	TOTAL	COST BREAKDOWN FOR DESIGNATED CATEGORIES
Development and Administration				I. Secondary Treatment _____ II. Advanced Treatment _____ IIIA. Inflow/Infiltration Correction _____ IIIB. Sewer Rehab _____ IVA. Collection Sewers _____ IVB. Interceptor Sewers _____ V. Combined Sewer Overflow Correction _____ TOTAL CONSTRUCTION COSTS _____
Land & Easements				
* Engineering Planning and Design				
* Engineering During Construction				
* Resident Inspection				
* Construction				
* Equipment				
**Other Costs				
TOTAL PROJECT COSTS				

*Generally these costs are eligible.
**SRF Loan closing costs (about 3%) are eligible.

PROPOSED FINANCING		Anticipated date for bond election: _____ Debt Instrument: _____ General Obligation Bonds: _____ Revenue Bonds: _____ *Other: _____ *Not SRF Loan Eligible
SRF Loan and/or 40% grant	\$	
Applicant Contribution	\$	
Other Grants and Loans	\$	
(Specify)	\$	
	\$	
Total	\$	

To the best of my knowledge and belief, the data in this application are true and correct, and its submission has been duly authorized by the governing body of the applicant.

SIGNATURE	DATE	NAME AND TITLE (PLEASE PRINT OR TYPE)